


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90028 006 \*\*\*158.75

<b>DOCUMENT # 352356</b>	
1. Entity Name <b>ADCO SIGN CORPORATION</b>	

40005671



01082008 Chg-P CR2E034 (12/06)

Principal Place of Business <b>13700 58TH ST N STE 201 CLEARWATER, FL 33760</b>	Mailing Address <b>13700 58TH ST N STE 201 CLEARWATER, FL 33760</b>
2. Principal Place of Business - No P.O. Box # <b>516 BELLE ISLE AVE</b>	3. Mailing Address <b>516 BELLE ISLE AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BELLEAIR BEACH FL</b>	City & State <b>BELLEAIR BEACH, FL</b>
Zip <b>33786-3612</b>	Zip <b>33786-3612</b>
Country <b>PINELLAS</b>	Country <b>PINELLAS</b>

4. FEI Number <b>59-1272219</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>COLEMAN, KELLY R 13700 58TH ST N SUITE 201 CLEARWATER, FL 33760</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>516 BELLE ISLE AVE</b>	
City <b>BELLEAIR BEACH</b>	FL Zip Code <b>33786-3612</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <b>KELLY R. COLEMAN</b>	DATE <b>1-8-08</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COLEMAN, KELLY R 13700 58TH ST N STE 201 CLEARWATER, FL 34620</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>516 BELLE ISLE AVE BELLEAIR BEACH FL 33786-3612</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: <b>KELLY R. COLEMAN</b>	DATE <b>1-8-08</b> DAYTIME PHONE <b>727 403 8690</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	